



# Incident Report

**Print Date/Time:** 09/12/2016 08:52  
**Login ID:** ss0100

Lake Stevens Police Department  
**ORI Number:** WA0311900

**Incident:** 2016-00017861

**Incident Date/Time:** 9/9/2016 8:22:00 PM  
**Location:** 2908 113TH AVE NE  
LAKE STEVENS WA 98258  
**Phone Number:**  
**Report Required:** Yes  
**Prior Hazards:** No  
**LE Case Number:**

**Incident Type:** Collision  
**Venue:** Lake Stevens  
**Source:** Officer-Initiated  
**Priority:** 3  
**Status:** 3  
**Nature of Call:**

## Unit/Personnel

Unit	Personnel
19S13	SS0095-Miner

## Person(s)

No.	Role	Name	Address	Phone	Race	Sex	DOB
1	Owner	LARSON, JAMES PHILIP	612 79TH AVE SE LAKE STEVENS WA 98258	(425) 330-2311	White	Male	01/15/1945

## Vehicle(s)

Role	Type	Year	Make	Model	Color	License	State
Involved Vehicle	Passenger Car	2014	Chevrolet	Suburban		BBA8212	WA

## Disposition(s)

Disposition	Count
R	1

## Property

Date	Code	Type	Make	Model	Description	Tag No.	Item No.
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**09/09/2016 : 20:22:17 SP0403 Narrative: COLD HIT AND RUN**

## COLLISION REPORT

STATE OF WASHINGTON  
POLICE TRAFFIC  
COLLISION REPORT

1591971

REPORT NO. **E582916**CASE # **16-00017861**LOCAL AGENCY  
CODING **0664**TOTAL # OF  
UNITS **02**OBJECT  
STRUCKTRIBAL  
RESERVATIONDATE OF COLLISION **09** - **09** - **2016** TIME (2400) **1845** COUNTY # **31** MILES **N** **E** **IN** **OF** **0664**ON (PRIMARY TRAFFIC WAY) INTERSECTION ☐ NON-INTERSECTION ☒**113 AVE NE**BLOCK NO. ☒  
MILE POST**2908**

DISTANCE

OF (REFERENCE OR CROSS STREET)

MILES ☐ **N** ☐ **E**  
FEET ☐ **S** ☐ **W**

UNIT 01

MOTOR  
VEHICLE ☒PEDAL-  
CYCLE ☐DAMAGE THRESHOLD MET  
YES ☒ NO ☐

PHONE

LAST NAME

**UNKNOWN**

FIRST NAME

MIDDLE  
INITIALSTREET  
NEW ADDRESS

CITY

ST

ZIP

CDL

RESTRICTIONS

ENDORSEMENTS

DRIVER'S  
LICENSE #

STATE

SEX **U**D.O.B.  
MMDDYYYYON DUTY ☐

STATUS

AIRBAG **9**RESTR. **9**EJECT **9**HELMET  
USE **9**INJURY  
CLASS **0**

NATURE OF INJURIES

LICENSE  
PLATE #**UNKNOWN**STATE **WA**

VIN#

TRAILER  
PLATE #

STATE

TRAILER  
PLATE #

STATE

VEH. YEAR

MAKE **UNKN**MODEL **UNKNO**

STYLE

VEHICLE TOWED  
YES ☐ NO ☒

TOWED BY

GOVT. VEHICLE  
YES ☐ NO ☒

REGISTERED OWNER INFO.

LIABILITY INSURANCE  
IN EFFECT ☐INSURANCE CO  
& POLICY #VEHICLE  
LEGALLY  
STANDING YES ☐ NO ☐

CITATION #

CHARGE

VEHICLE NO. 1  
SHADE IN DAMAGED AREA

UNIT 02

MOTOR  
VEHICLE ☒PEDAL-  
CYCLE ☐PEDESTRIAN ☐PROPERTY  
OWNER ☐DAMAGE THRESHOLD MET  
YES ☒ NO ☐

PHONE

LAST NAME

**UNKNOWN**

FIRST NAME

MIDDLE  
INITIALSTREET  
NEW ADDRESS

CITY

ST

ZIP

CDL

RESTRICTIONS

ENDORSEMENTS

DRIVER'S  
LICENSE #

STATE

SEX **U**D.O.B.  
MMDDYYYYON DUTY ☐

STATUS

AIRBAG **9**RESTR. **9**EJECT **9**HELMET  
USE **9**INJURY  
CLASS **0**

NATURE OF INJURIES

LICENSE  
PLATE #**BBA8212**STATE **WA**

VIN#

**1GNSKJETXER199485**TRAILER  
PLATE #

STATE

TRAILER  
PLATE #

STATE

VEH. YEAR **2014**MAKE **CHEV**MODEL **SUBURB**STYLE **UT**VEHICLE TOWED  
YES ☐ NO ☒

TOWED BY

GOVT. VEHICLE  
YES ☐ NO ☒REGISTERED OWNER INFO. **BRET LARSON 612 79TH AVE SE LAKE STEVENS WA 982583609 D: 4254229576**LIABILITY INSURANCE  
IN EFFECT ☒INSURANCE CO **PARKED**  
& POLICY #VEHICLE  
LEGALLY  
STANDING YES ☐ NO ☐

CITATION #

CHARGE

VEHICLE NO. 2  
SHADE IN DAMAGED AREA

OFFICER'S NAME (PRINT)

**ROBERT MINER**

BADGE OR ID #

**0095**

AGENCY

**WA0311900**



STATE OF WASHINGTON  
POLICE TRAFFIC  
COLLISION REPORT



1591972

CORRECTION

REPORT NO. **E582916**CASE # **16-00017861**

## ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

NAME (LAST, FIRST, MIDDLE INITIAL)																							
ADDRESS & PHONE #												SEX		D.O.B. MMDDYYYY									
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES					
NAME (LAST, FIRST, MIDDLE INITIAL)																							
ADDRESS & PHONE #												SEX		D.O.B. MMDDYYYY									
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES					
NAME (LAST, FIRST, MIDDLE INITIAL)																							
ADDRESS & PHONE #												SEX		D.O.B. MMDDYYYY									
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES					

## NARRATIVE

Unit #2 was parked in the east student parking lot at the Lake Stevens High School to enjoy the football game. Owner of #2 parked the vehicle at around 1730 hours. He came out to his vehicle at around 1845 hours and found that his vehicle had been hit. There was white paint transfer and a dent on the front passenger corner. Vehicle #1 is unknown as well as the driver. Owner of Unit #2 requested report for insurance purposes.

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

**ROBERT MINER****09-09-16 09:09 PM**

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST. DET

DATED

PLACE SIGNED

APPROVED BY

**ROBERT MINER 0095**

DATE

**9/9/2016 9:10:53 PM**

BADGE OR ID #

**0095**

ORI #

**WA0311900**

TIME POLICE DISPATCHED

**8:22 PM**

TIME POLICE ARRIVED

**8:22 PM**

**REPORT NO.** E582916

**CASE #** 16-00017861

**DATE AND TIME  
OF COLLISION** 09/09/16 18:45

**NOT OBSERVED**